FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) 10/049372 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. DEP. IND IND. DEP. DEP. IND. DEP. IND. IND. DEP. IND. <u> 20</u> <u>21</u> 22 256 78 23 123 456 57 389 <u>41</u>. 88 AL TOJAL TOTAL AL 2 200 TOTAL MAY BE USD FOR ADDITIONAL CLAIMS OR AMENDMENTS US, DEPARTMENT OF COMMERCE